



Denise Juneau, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501  
www.opi.mt.gov

**PROFESSIONAL DEVELOPMENT  
COMPLETION REPORT**  
**Approved Individual (Single Event)**  
**Professional Activities for Renewal Units**

Upon completion of the approved professional development activity please provide the information requested below and **return this form to:** ATTN: Educator Licensure, Office of Public Instruction, PO Box 202501, Helena, MT 59620-2501—(406) 444-3150. Please do not send copies of certificates or lists of participants. The information you report will be used to report to the Montana Board of Public Education.

Title of in-service/professional development activity offered:

Academic area of activity offered:

*(The above choice can be selected from the attached form. Please indicate either the number or the field name.)*

Beginning date of program:

Number of renewal units granted to successful participants:

*(If the number varies, indicate range (low to high) shown on certificates.)*

Number of certificates issued:

Agency name:

Contact name:

*(The person approved to award renewal units for the sponsoring provider.)*

Address:

Telephone:

Signature of applicant:

Date:

In-state

Out-of-state

Thank you for your assistance in providing renewal units for Montana educator's use in recertifying their licenses!